Revision:

HCFA-PM-97-2

December 1997

ATTACHMENT 2.5-A Page 4b OMB No.:0938-0673

State:	Indiana		

Citation

Condition or Requirement

For the following persons with greater need:

Supplement 12 to Attachment 2.6-A describes the greater need: describes the basis or formula for determining the deductible amount when a specific amount is not listed above: lists the criteria to be met: and, where appropriate, identifies the organizational unit which determines that a criterion is met.

1924 of the Act

- 3. In addition to the amounts under item 2. . the following monthly amounts are deducted from the remaining income of an institutionalized individual with a community spouse:
 - a. The monthly income allowance for the community spouse, calculated using the formula in §1924(d)(2), is the amount by which the maintenance needs standard exceeds the community spouse's income. The maintenance needs standard cannot exceed the maximum prescribed in §1924 (d)(3)(C). The maintenance needs standard consists of a poverty level component plus an excess shelter allowance.

The poverty level component is calculated using the applicable percentage (set out \$1924(d)(3)(B) of the Act) of the official poverty level.

The maintenance needs standard for all community spouses is set at the maximum permitted by \$1924(d)(3)(C).

Except that, when applicable, the State will set the community spouse's monthly income allowance at the amount by which exceptional maintenance needs, established at a fair hearing, exceed the community spouse's income, or at the amount of any court-ordered support.

TN No. 98-003	,	
Supersedes TN No. 91-22	Approval Date <u>6-15-98</u>	Effective Date 3-1-98

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OMB No.:0938-0673 State: Indiana Citation Condition or Requirement In determining any excess shelter allowance. utility expenses are calculated using: one of the following as chosen by the community spouse. X the standard utility allowance under \$5(e) of the Food Stamp Act of 1977; or X the actual unreimbursable amount of the community spouse's utility expenses less any portion of such amount included in condominium or cooperative charges. b. The monthly income allowance for other dependent family members living with the community spouse is: one-third of the amount by which the poverty level component (calculated under \$1924(d)(3)(A)(i) of the Act. using the applicable percentage specified in §1924 (d)(3)(B)) exceeds the dependent family member's monthly income. a greater amounted calculated as follows: The following definition is used in lieu of the definition provided by the Secretary to determine the dependency of family members under \$1924 (d)(1): c. Amounts for health care expenses described below that are incurred by and for the institutionalized individual and are not subject to payments by a third party: (i) Medicaid. Medicare, and other health insurance premiums, deductibles, or coinsurance charges. or copayments.

TN No. 98-003
Supersedes Approvai Date 6-15-96 Effective Date 3-1-98

(ii) Necessary medical or remedial care

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recognized under State law but not covered under the State plan. (Reasonable limits on amounts are described in Supplement 3 to

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ATTACHMENT 2.5-A Page 5 OMB No.:0938-9673

State: <u>Indiana</u> Citation Condition or Requirement 435.725 4. In addition to any amounts deductible under the items 435.733 above, the following monthly amounts are deducted from 435.832 the remaining monthly income of an institutionalized individual or an institutionalized couple: a. An amount for the maintenance needs of each member of a family living in the institutionalized individual's home with no community spouse living in the home. The amount must be based on a reasonable assessment or need but must not exceed the higher of the: o AFDC level: or Medically needy level: (Check one) AFDC levels in Supplement 1 - Medically needy level in Supplement 1 - Other: S b. Amounts for health care expenses described below that have not been deducted under 3.c. above (i.e., for an institutionalized individual with a community spouse), are incurred by and for the institutionalized individual or institutionalized couple, and are not subject to the payment by a third party: (I) Medicaid. Medicare, and other health insurance premiums. deductibles, or coinsurance charges, or copayments. (ii) Necessary medical or remedial care recognized under State law but not covered under the State plan. (Reasonable limits on amount are described in Supplement 3 to <u>ATTACHMENT 2.6-A.)</u> 435.725 5. At the option of the State, as specified below, the following 435.733 is deducted from any remaining monthly income of an 435.832 institutionalized individual or an institutionalized couple:

> __X No. Yes (the applicable amount is shown on page 5a.)

A monthly amount for the maintenance of the home of the individual or couple for not longer than 6 months if a physician has certified that the individual, or one member of the institutionalized couple. is likely to return

TN No	o. <u>98-003</u>	
Supers	edes	
No	91-22	

to the home within that period:

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Page 5a OMB No.:0938-0673

State: Indiana Condition or Requirement Citation Amount for maintenance of home is: \$_ Amount for maintenance of home is the actual maintenance costs not to exceed \$_ Amount for maintenance of home is deductible when countable income is determined under §1924(d)(1) of the Act only if the individuals' home and the community spouse's home are different. Amount for maintenance of home is not deductible when countable income is determined under §1924 (d)(1) of the

Act.

No. <u>98-003</u> Effective Date 3-1-98 Approval Date 6-15-98 Supersedes 91-22



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November 1989

Attachment 2.6-A Page 5b

	STATEINDIANA
CITATION	CONDITION OR REQUIREMENT

d. Definition of dependency

The definition of dependency below is used to define dependent children, parents and siblings for purposes of deducting allowances under Section 1924:

A dependent is defined as an individual who is claimed by either spouse as a dependent for tax purposes under the Internal Revenue Services Code.

TN No. 90-15 Approval Date 1-4-91 Effective Date 4-1-90 Supersedes TN No. NEW

ATTACHMENT 2.6-A Page 6

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:	:	INDIANA UFFICIA						
	ELIGIBILITY	CONDITIONS	AND REQUIREMENTS	· 10[A				
		0-211						

Citation(s)

Condition or Requirement

42 CFR 435.711 435.721, 435.831

C. Financial Eligibility

For individuals who are AFDC or SSI recipients, the income and resource levels and methods for determining countable income and resources of the AFDC and SSI program apply, unless the plan provides for more restrictive levels and methods than SSI for SSI recipients under section 1902(f) of the Act, or more liberal methods under section 1902(r)(2) of the Act, as specified below.

For individuals who are not AFDC or SSI recipients in a non-section 1902(f) State and those who are deemed to be cash assistance recipients, the financial eligibility requirements specified in this section C apply.

Supplement 1 to ATTACHMENT 2.6-A specifies the income levels for mandatory and optional categorically needy groups of individuals, including individuals with incomes related to the Federal income poverty level--pregnant women and infants or children covered under sections 1902(a)(10)(A)(i)(IV), 1902(a)(10)(A)(i)(VI), 1902(a)(10)(A)(i)(VII), and 1902(a)(10)(A)(ii)(IX) of the Act and aged and disabled individuals covered under section 1902(a)(10)(A)(ii)(X) of the Act--and for mandatory groups of qualified Medicare beneficiaries covered under section 1902(a)(10)(E)(i) of the Act.

TN No. 92-03
Supersedes Approval Date 4-24-92 Effective Date 1-1-92
TN No. 91-22

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State:

(MB)

INDIANA

1902(f) of the Act.

ATTACHMENT 2.6-A Page 6a

Citation	Condition or Requirement	
	X Supplement 2 to ATTACHMENT 2.6-A specifies the resource levels for mandatory and optional categorically need poverty level related groups, and for medically need groups.	y
	X <u>Supplement 7 to ATTACHMENT 2.6-A</u> specifies the income level: for categorically needy aged, blind and disabled persons who are covered under requirements more restrictive than SSI.	0
	X Supplement 4 to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that have more	

X <u>Supplement 5 to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that have more restrictive methods than SSI, permitted under section 1902(f) of the Act.

restrictive methods than SSI, permitted under section

- Supplement 8a to ATTACHMENT 2.6-A specifies the methods for determining income eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
- X <u>Supplement 8b to ATTACHMENT 2.6-A</u> specifies the methods for determining resource eligibility used by States that are more liberal than the methods of the cash assistance programs, permitted under section 1902(r)(2) of the Act.
- Supplement 14 to ATTACHMENT 2.6-A specifies income levels used by States for determining eligibility of Tuberculosis-infected individuals whose eligibility is determined under \$1902(z)(1) of the Act.

TN No. 95-028
Supersedes Approval Date 1-29-96 Effective Date 10-1-95

TN No. 91-22

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STATI	e plan un	DER TITL	E XIX OF TH	E SOCIAL SECURITY ACT				
State: INDIANA DEL								
	ELIGIBIL	ITY COND	ITIONS AND	REQUIREMENTS	UFFICI			
Citation(s)		Con	dition or R	equirement	10//			
1902(r)(2) of the Act	1.	a. AFD	Methods of Determining Income a. AFDC-related individuals (except for poverty level related pregnant women, infants, and					
			ldren).	pregnant women, intant	s, and			
* and for individuals w would be eligible for AFDC but for the		(1)	In determ AFDC-rela methods a	ining countable income ted individuals, the f re used:	for ollowing			
receipt of SSI,			(a)	The methods under the approved AFDC plan on				
			(b)	The methods under the approved AFDC plan an liberal methods descr Supplement 8a to ATTA	d/or any more ibed in			
		(2)	responsible the income of income of	nining relative financi pility, the agency cons me of spouses living in a as available to spous parents as available th parents until the col.	iders only the same es and the to children			
1902(e)(6) the Act		(3	eligible 1902(a)(1 regard to family of 60-day pe	ontinues to treat women under the provisions of the Act as eligible any changes in income which she is a member eriod after her pregnarining days in the month falls.	of sections ble, without of the t, for the acy ends and			
TN No. 92-03			4-711 0					
Supersedes TN No. 91-22	Appro	val Date	4-24-97	Effective Date _	1-1-92			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State:		INDIA	NA				UFF
	ELIGIBILITY	CONDITIO	NS AND	REQUI	REMENTS		
Citation(s)	Co	ndition	or Req	uiremen	nt		
42 CFR 435.721 435.831, and 1902(m)(1)(B)(m)(4 and 1902(r)(2) of the Act		income individual poverty	for aguals we level (1) of	ed ind: ith ind descr:	ividuals comes up ibed in	mining c s, includ to the section followin	ing aged
		T)	ne meth ore lib	ods of	the SSI	described	only. and/or any in Supplement

TN No. 92-03
Supersedes Approval Date 4-24-92 Effective Date 1-1-92
TN No. 91-22

Revision:	HCFA-PM- AUGUST 19	91-4 91	(BPD)		Pá	TTACHMENT age 8	
	State:			INDIANA	ON	MB No.:	0938-
Citati	lon			Condition	or Require	ment	
		<u>/ X</u> X	suppl than 1902(to Al	individuals oth lement recipien SSI, applied u f) of the Act, TACHMENT 2.6-A ribed in Supple	ts, more r nder the p as specif ; and any	restrictive provisions it is to the second s	ve methods s of section upplement 4 eral methods
		_7	For i	nstitutional cosection 1611(ouples, the)(5) of t	e methods he Act.	s specified
		_7	§ 435.	optional State 230, income me fied in <u>Supple</u>	thods more	liberal	than SSI, as
		\sqrt{XX}	secti	optional State (on 1902(f) Star out section 161	tes and SS	I criteri	i a States
				SSI methods or	nly.		
				SSI methods and than SSI description and the ATTACHMENT 2.6	ribed in <u>S</u>	more libe upplement	ral methods 8a to
			<u>X</u>	Methods more than SSI. More described in § 2.6-A and more in Supplement	re restric Supplement e liberal	tive meth 4 to ATT methods a	nods are <u>PACHMENT</u> are described
			the a	termining relati gency considers g in the same les.	s only the	income o	of spouses
Cuparadas	1-22 New A	pproval	Date	1-16-92	Effectiv	e Date	1-1-92



HCFA ID: 7985E